

# Vaccinate *Vermont*

## New recommendations for Meningococcal and Tdap vaccines

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The Advisory Committee for Immunization Practices (ACIP) met recently and recommended changes for meningococcal and Tdap vaccine schedules. Official guidance from CDC is expected in the January Morbidity and Mortality Weekly Report (MMWR).

### MENINGOCOCCAL

Meningococcal vaccine is recommended for all children 11-12 years of age. Due to concerns about waning immunity of the meningococcal vaccine and the incidence of disease in late adolescence, the ACIP recently recommended a booster dose of meningococcal vaccine five years after the initial dose. For any child who received their first dose of vaccine after age 12, a booster dose is recommended five years after their first dose.

ACIP also changed the recommendation for high risk individuals. Anyone 2-55 years of age, who is at high-risk of meningococcal disease, should receive an initial two dose series followed by a booster dose to be given every five years. These recommendation of giving two doses or more of meningococcal vaccine is considered off label use of this vaccine. Meningococcal vaccine is currently licensed for one dose only.

### TDAP

Changes in the recommendations for the use



of Tdap vaccine were made, in response to the impact of pertussis disease on infants in the California epidemic.

ACIP is now recommending that anyone who is age 65 and older who anticipates having close contact with infants 12 months of age or younger, be vaccinated with Tdap.

There is also a new permissive recommendation that anyone 65 years of age or older be vaccinated with Tdap.

For children 7-10 years of age who have not completed the pertussis vaccination series or have an unknown history of vaccination, ACIP recommends they receive a dose of Tdap as part of their initial series. Adolescents who have not been vaccinated with Tdap or whose vaccination history is unknown should be vaccinated with Tdap as soon as possible.

Tdap can be administered regardless of the interval since the last tetanus or diphtheria containing vaccine.



Vaccines.

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*“Through late November there were forty-six reported cases in Grenada, Spain.”*

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AFIX – quality improvement

## A Cautionary Tale: Measles in Spain

Outbreaks of vaccine preventable infectious diseases remain common in many areas of the world; including Europe, not just the developing countries of Africa, Asia, and Latin America. The onset of a measles epidemic, which began in a school in the capital city of Grenada, has led to the compulsory vaccination of children throughout the province of Grenada, Spain.

Through late November, there were forty-six reported cases of measles in Grenada, Spain. Eight cases are adults and the rest children, many under fifteen

months of age. The Ministry of Health has established measures to contain the epidemic by initiating a protocol to vaccinate all susceptible children--including infants as young as six months of age. In an exceptional move to ensure the transmission of the highly contagious measles virus is broken, the Ministry of Health is working with the courts to establish compulsory vaccination of children who either have not been immunized or don't have the required documentation of their immunization history.

As the situation in Spain illustrates, the risk of measles and other vaccine preventable diseases occurs in both developed and developing countries. International travelers should be up to date on immunizations regardless of their travel destination, but everyone benefits from having their immunization status assessed during health care exams.

Destination and travel health information can be found at: <http://wwwnc.cdc.gov/travel/destinations/list.aspx>

## Spotlight on: AFIX-Assessment, Feedback, Incentives and eXchange of Information

AFIX is the quality improvement component of Vermont's vaccine program, and it's a required part of all state-run vaccine programs. VDH District Office public health nurses (PHN) routinely visit practices enrolled in Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs. They review the key points of vaccine management with providers and staff to assure vaccine quality and share standards of practice to improve vaccine services.

Using CDC software popu-

lated with data from the immunization registry and data collected at the site visit, the PHN assesses coverage rates for patients at age 24 months and at age 13 years. As soon as possible after the assessment, the PHN schedules a feedback session with the practice. It's most beneficial if key decision makers attend the feedback meeting. Up-to-date coverage rates (for age, using the CDC recommended schedule) are compared with the most recent National Immunization Survey (NIS) data and the Healthy Vermonter goals.

At feedback visits, VDH also provides copies of the *Pink Book*, new refrigerator thermometers, schedules and fact sheets. There is an exchange of information about systems in place, what works, and strategies to increase immunization rates. This is a time when practitioners and staff consider what actions could make a difference in assuring that patients are up-to-date for recommended vaccines.

The PHN provides follow up and will continue to serve as a resource to your practices.

## Immunization Registry Update:

As reported in the September 2010 edition of Vaccinate Vermont, work continues on the pilot project with Vermont Information Technology Leaders (VITL) to facilitate HL7 data exchange between electronic medical records and the Vermont Immunization Registry. It is expected that

the project will test the exchange capabilities with three medical practices in February 2011. If you are interested in learning more about using the Vermont Immunization Registry to help you meet meaningful use, please contact Bridget Ahrens, Immunization Registry Manager at

bridget.ahrens@ahs.vt.state.us or (802) 951-4094. In an effort to meet increased training needs of practices for the Immunization Registry, we are pilot-testing a program in which VDH PHN's in selected areas will soon become IZ registry trainers.



Vermont Immunization Registry.

### Ask the Experts: Vaccine Specific Q and A Answered by CDC Experts Acquired from: <http://www.immunize.org/express/issue891.asp> on October 1, 2010

**Q:** Why is it important to vaccinate against rotavirus? Isn't the disease benign?

**A:** Before rotavirus vaccines were available, rotavirus was the most common cause of severe gastroenteritis in infants and young children in the United States and worldwide. Almost all children were infected by age 5 years. Before vaccine was introduced in the United States, rotavirus was responsible each year for about 3 million episodes of gastroenteritis, 410,000 physician visits, 205,000–

272,000 emergency department visits, 55,000–70,000 hospitalizations, and between 20 and 60 deaths among children younger than age 5 years.

#### **Editor's Note**

Recently, the FDA approved a change in the labeling information of Rotarix®. In an ongoing study in Mexico, GSK found a possible increased risk of intussusception in the 30-day period following the first dose of Rotarix®. An increased risk of intussusception from rotavirus vaccine has not been documented in the U.S. If a

risk does exist of the magnitude seen in the Mexico data, 1 case of intussusception caused by rotavirus vaccine would occur per approximately 100,000 infants vaccinated following age recommendations. Since rotavirus vaccine was first licensed in 2006, the number of U.S. infants and children needing hospitalization or emergency department care has decreased by about 85%.

For more information go to <http://www.cdc.gov/vaccines/vpd-vac/rotavirus/intussusception-studies-acip.htm>

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*“Rotavirus was responsible for about 3 million episodes of gastroenteritis each year”*

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## In Brief

VDH recently mailed an informational letter to adult primary care providers who are not currently participating in VFA. If you haven't enrolled and are interested in receiving free vaccine, you can learn about the program benefits and requirements by calling your VDH

local district office. Your local public health nurse can assist you with enrollment. You can also find the enrollment form on the VDH Immunization webpage: <http://healthvermont.gov/hc/imm/provider.aspx#news>

If inadequate refrigerator or freezer space is keeping you from enrolling, be sure to watch the mail for information about the \$200.00 rebate.



Vaccine refrigerator unit.

## Routine Immunization of children with Hepatitis A vaccine (HAV)

### Background

Since the licensure of a hepatitis A vaccine in the mid 1990's, the occurrence of HAV infection has been steadily decreasing and disease rates have fallen to the lowest re-corded levels in the United States. However, hepatitis A infection still occurs throughout the world. The infection is especially common in countries in Latin America, Africa, the Middle East, Asia, the Caribbean, and the Western Pacific.

The Advisory Committee on Immunization Practices (ACIP) recommendation for the routine immunization of children with HAV to reduce the incidence of hepatitis A is supported by data that demonstrates the disease has significantly declined in areas where routine vaccination of children occurs. The highest rates of HAV among children continue to occur in parts of the country where routine vaccination has not been the norm. The CDC has continued its strategy of incremental implementation of hepatitis A vaccination as the focus has shifted from primarily vaccinating children living in communities with high rates of disease to routine immunization of children with HAV.

### Epidemiology & Rationale for Routine Immunization of Children

Person-to-person transmission through the fecal-oral route is the primary means of HAV transmission in the United States. Transmission occurs most frequently among close contacts, especially in households and extended family settings.

Therefore, all children should receive 2 doses of hepatitis A vaccine beginning at age 1 year (i.e., 12-23 months). The 2 doses in the series should be adminis-

tered at least 6 months apart. Children who are not vaccinated by age 2 years can be vaccinated at subsequent visits. The likelihood of having symptoms with HAV infection is related to age. In children aged <6 years, 70% of infections are asymptomatic; if illness does occur, it is typically not accompanied by jaundice.

In infected persons, HAV replicates in the liver, is excreted in bile, and is shed in stool. Children can shed HAV for longer periods than do adults, lasting up to 10 weeks after onset of clinical illness. Because the majority of children have asymptomatic or unrecognized infections, they play a key role in HAV transmission and serve as a source of infection for others. This includes not only parents and siblings, but caregivers, healthcare providers, and other close contacts. HAV can be stable in the environment for months at a time (depending on conditions) so hand washing with soap and water and disinfecting with a dilution of household bleach as standard sanitation measures are encouraged.

The ACIP recommendations regarding HAV can be found at [www.cdc.gov/mmwr/PDF/rr/rr5507.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5507.pdf) and materials concerning HAV for patients and staff at <http://www.immunize.org/hepatitis-a/>



Immunize to protect.

 **VERMONT**  
**DEPARTMENT OF HEALTH**

108 Cherry Street  
PO Box 70  
Burlington, VT 05402

Phone: 1-800-640-4374  
Fax: 802-863-7395

[healthvermont.gov/hc/imm/index.aspx](http://healthvermont.gov/hc/imm/index.aspx)